



## Los Angeles County Department of Mental Health

### NOTICE OF PRIVACY PRACTICES

Effective: **September 23, 2013**

Revised: **July 15, 2016**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your information. We refer to this information as "Protected Health Information" or "PHI". We create a record of the care and services you receive from Los Angeles County Department of Mental Health (LACDMH). We need this record to provide you with quality care and to comply with certain legal and payment requirements.

This notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- make sure that PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices concerning your PHI; and
- follow the terms of the notice that is currently in effect.

#### HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

We use and disclose PHI in many ways. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories required by law.

**For Treatment:** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, nursing and medical students, or LACDMH personnel who are involved in taking care of you. For example, a doctor treating you for a chemical imbalance may need to know if you have problems with your heart because some medications affect your blood pressure. We may share your PHI in order to coordinate the different things you need, such as prescriptions, blood pressure checks and lab tests, and to determine a correct diagnosis.

**For Payment:** We may use and disclose PHI about you so that the treatment and services you receive at LACDMH may be billed for and payment may be collected from you or on your behalf from an insurance company or a third party. For example, we may need to give your health plan information about testing that you received at our facilities so your health plan will pay us or reimburse you for those services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose PHI about you for our LACDMH business operations. These uses and disclosures are necessary to run our organization and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many of LACDMH clients to decide what additional services our facilities should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, nursing and medical students, and other personnel for review and learning purposes. We may also combine the PHI we have with PHI from other organizations and providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning the identity of any clients.



## Los Angeles County Department of Mental Health

**For Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at LACDMH clinics.

**For Your Own Information:** We may use and disclose PHI to tell you about your own health condition, such as your test results, to tell you about or recommend possible treatment options or alternatives, and to tell you about health-related benefits or services that may be of interest to you.

**For Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to a family member or other person you designate if you give us permission to do so. We may also tell certain family members about your presence in our facility but only if the law permits us to do so. We may share PHI about you when necessary for a claim for aid, insurance, or medical assistance to be made on your behalf.

**For Health Information Exchange (HIE):** We, along with other health care providers in the Los Angeles area, participate in one or more health information exchanges. A HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Should you require treatment from a health care provider that participates in one of these exchanges who does not have your medical records or health information, that health care provider can use the system to gather your health information in order to treat you. For example, he or she may be able to get laboratory or other tests that have already been performed or find out about the treatment that you have already received. We will include your PHI in this system.

**For Research:** We may disclose your PHI without your authorization for certain purposes. For example, in limited circumstances, we may disclose your information to researchers preparing a research protocol or if our Institutional Review Board (IRB) Committee (which is charged with ensuring the protection of human subjects in research) determines that an authorization is not necessary. We also may provide limited health information about you (not including your name, address, or other direct identifiers) for research or health care operations, but only if the recipient of such information signs an agreement to protect the information and not use it to identify you.

**As Required By Law:** We will disclose PHI about you when required to do so by federal, State or local law, such as laws that require us to report abuse.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**To Provide Breach Notification:** We may use and disclosure your PHI if necessary to tell you and regulatory authorities agencies in the event of unlawful or unauthorized access to your PHI. For example, if your PHI is lost or stolen.

### **SPECIAL SITUATIONS WHEN WE MAY USE OR DISCLOSE PHI/PHI ABOUT YOU**

**Workers' Compensation:** We may release PHI about you for workers' compensation or similar programs to comply with these and other similar legally established programs. These programs provide benefits for work-related injuries or illness.



## Los Angeles County Department of Mental Health

**Public Health Risks:** We may disclose PHI about you when required for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose PHI about you to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may also disclose your PHI if we believe that you have been a victim of elder or dependent adult abuse or neglect provided the disclosure is authorized by law.

**Lawsuits and Dispute:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the privacy of the information requested.

**Law Enforcement:** We may release PHI if asked to do so by a law enforcement official:

- in response to a court order, court-issued subpoena, court-issued warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization;
- about criminal conduct at LACDMH facilities; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities required by law.

**Protective Services for the President and Others:** We may disclose PHI about you to authorized federal or government law enforcement officials so they may provide protection to the President, other authorized or elected persons or foreign heads of state or to conduct special investigations.

**Protection and Advocacy Services:** We may disclose PHI about you to the protection and advocacy agency established by law to investigate incidents of abuse and neglect and to otherwise protect the legal and civil rights of people with disabilities.



## Los Angeles County Department of Mental Health

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI about you to the correctional institution or law enforcement official. This disclosure would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding PHI we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy your PHI that is used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the facility where you are receiving treatment/services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If your health information is available electronically, under certain circumstances, you may be able to obtain this information in an electronic format. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by LACDMH will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all of the information, both old and new, is kept by or for LACDMH. To request an amendment, your request must be made in writing and submitted to the LACDMH facility where the information is in question. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the PHI kept by LACDMH;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of PHI about you, excluding disclosures for the purpose of treatment, payment or healthcare operations. To request this list or accounting of disclosures, you must submit your request in writing to LACDMH or we will provide you with a form to make your request. Your request must state a time period, which may not be more than six years prior to your request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member. We will do our best to follow your request; however, except when you fully pay out-of-pocket as explained below, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing or we will provide you with a form to make your request. In your request, you must tell us



## Los Angeles County Department of Mental Health

(1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.

**Right to Restrict Disclosure of Information for Certain Services:** You have the right to restrict the disclosure of information regarding services for which you or someone else has paid in full or on an out-of-pocket basis (in other words you don't ask us to bill your health plan or health insurance company). If you or someone else has paid in full for a service, we must agree to your request and we will not share this information with the health plan without your written authorization, unless the law requires us to share your information.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to LACDMH or we will provide you with a form to make your request. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, ask any of our office staff. You may obtain a copy of this Notice at our website <http://dmh.lacounty.gov>.

### OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the facility. The Notice will contain on the first page, in the top right-hand corner, the effective date. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at <http://dmh.lacounty.gov> or you may request one from one of our facilities.



## Los Angeles County Department of Mental Health

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with LACDMH, Los Angeles County, or the U.S. Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.**

To file a complaint with LACDMH or if you have comments or questions regarding our privacy practices, contact:

**Los Angeles County Department of Mental Health (LACDMH)  
Patients' Rights Office  
550 South Vermont Avenue  
Los Angeles, CA 90020  
(800) 700-9996 or (213) 738-4888**

To file a complaint with Los Angeles County, contact:

**Los Angeles County Auditor-Controller  
HIPAA Compliance Unit  
500 West Temple Street, Suite 515  
Los Angeles, CA 90012  
(213) 974-2164  
Email: [HIPAA@auditor.lacounty.gov](mailto:HIPAA@auditor.lacounty.gov)**

To file a complaint with the Federal Government, contact:

**Region IX, Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Voice Phone (415) 437-8310  
FAX (415) 437-8329  
TDD (415) 437-8311**